

# DENTAL HISTORY

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please answer the following questions to help us understand your unique perspectives, priorities, and concerns. You can be assured this information is held in confidence.

1. What is your immediate dental concern? \_\_\_\_\_
2. Date of last dental visit: \_\_\_\_\_ Previous dentist: \_\_\_\_\_
3. Reason for leaving: \_\_\_\_\_
4. Please rate your comfort level with receiving dental treatment:  
\_\_\_\_ No problem    \_\_\_\_ Slight    \_\_\_\_ Moderate    \_\_\_\_ Wild horses have to drag me in
5. Have you ever had any problem associated with dental anesthetics?    \_\_\_\_ Yes    \_\_\_\_ No
6. Have you ever been treated for gum disease?    \_\_\_\_ Yes    \_\_\_\_ No
7. Have you ever had chronic headaches, facial pain or jaw discomfort?    \_\_\_\_ Yes    \_\_\_\_ No
8. Are you accustomed to seeing a dentist on a regular basis?    \_\_\_\_ Yes    \_\_\_\_ No

Please circle the appropriate answer to the following conditions.    **C = Current**    **P = Past**    **N = Never**

Bleeding gums	C P N	Orthodontics (Braces)	C P N	Food trap	C P N
Unpleasant taste/bad breath	C P N	Biting cheeks/lip	C P N	Clenching	C P N
Blister on lips or mouth	C P N	Loose teeth	C P N	Shifting or changing bite	C P N
Swelling/lumps	C P N	Sensitivity to hot/cold	C P N	Cavities/tooth decay	C P N
Clicking/popping jaw	C P N	Sensitivity to sweets	C P N	Burning tongue/lips	C P N
Difficulty opening wide	C P N	Sensitivity to biting	C P N	Chipped/broken teeth	C P N

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9. These are some things that are important about my dental health: \_\_\_\_\_

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10. What do you fear most about dental care? \_\_\_\_\_

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11. My mouth is:

- \_\_\_\_ very comfortable
- \_\_\_\_ moderately comfortable
- \_\_\_\_ uncomfortable

15. I think my dental health is:

- \_\_\_\_ excellent
  - \_\_\_\_ good
  - \_\_\_\_ poor
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12. I think the appearance of my mouth is:

- \_\_\_\_ excellent
- \_\_\_\_ satisfactory
- \_\_\_\_ unsatisfactory

16. I have put dentistry for myself and family

- \_\_\_\_ high on my priority list
  - \_\_\_\_ low on my priority list
  - \_\_\_\_ on my list but good care is hard to find
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13. I    \_\_\_\_ will do anything possible to keep my  
          my natural teeth  
      \_\_\_\_ want to keep my teeth but I have financial  
          concerns  
      \_\_\_\_ expect that I will loose my teeth someday

17. I    \_\_\_\_ have chosen the best possible treatment  
          for my dental health  
      \_\_\_\_ have chosen the least costly treatment  
          dentists have offered  
      \_\_\_\_ have rarely gone to the dentist and have  
          not completed treatment recommended

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14. I    \_\_\_\_ have set goals for my dental health  
      \_\_\_\_ want to set goals for my dental health  
      \_\_\_\_ have never set goals for my dental health

18. I    \_\_\_\_ aspire to excellent dental health and repair  
      \_\_\_\_ aspire to good dental health and repair  
      \_\_\_\_ desire urgent care only

